

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>12</i>	<i>3/20/99</i>
O.P.E. CLASSIFIER		<i>12</i>	<i>3/20/99</i>
FORMALITY REVIEW	<i>MM</i>	<i>73121</i>	<i>4-2-99</i>

*10-4-99*

INDEX OF CLAIMS

- ✓ \_\_\_\_\_ Rejected
- \_\_\_\_\_ Allowed
- (Through numeral) \_\_\_\_\_ Canceled
- + \_\_\_\_\_ Restricted
- N \_\_\_\_\_ Non-elected
- I \_\_\_\_\_ Interference
- A \_\_\_\_\_ Appeal
- O \_\_\_\_\_ Objected

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If more than 150 claims or 10 sheets, staple additional sheet here  
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